

Potential Recommendations for Redraft of RCW 70.38 and WAC 246-310

Related to Certificate Of Need Program Purpose and Goals

(black: current statute language, green: task complete, red: action due)

| RCW and WAC | Remaining Questions |
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| <p><u>Current:</u></p> <p>RCW 70.38.015</p> <p>Declaration of public policy.</p> <p>It is declared to be the public policy of this state:</p> | |
| <p>1) That health planning to promote, maintain, and assure the health of all citizens in the state, to provide accessible health services, health manpower, health facilities, and other resources while controlling excessive increases in costs, and to recognize prevention as a high priority in health programs, is essential to the health, safety, and welfare of the people of the state. Health planning should be responsive to changing health and social needs and conditions. Involvement in health planning from both consumers and providers throughout the state should be encouraged;</p> | |
| <p>(2) That the development of health services and resources, including the construction, modernization, and conversion of health facilities, should be accomplished in a planned, orderly fashion, consistent with identified priorities and without unnecessary duplication or fragmentation;</p> | |
| <p>(3) That the development and maintenance of adequate health care information, statistics and projections of need for health facilities and services is essential to effective health planning and resources development;</p> | |
| <p>(4) That the development of nonregulatory approaches to health are cost containment should be considered, including the strengthening of price competition; and</p> | |
| <p>(5) That health planning should be concerned with public health and health care financing, access, and quality, recognizing</p> | |

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| their close interrelationship and emphasizing cost control of health services, including cost-effectiveness and cost-benefit analysis. | |
| <p>Potential Revision:</p> <p>RCW 70.38.015</p> <p>Declaration of public policy.</p> <p>It is declared to be the public policy of this state:</p> | |
| <p>(1) That a relevant health planning process, responsive to changing health and social needs and conditions, and undertaken biannually by XXXX :</p> <ul style="list-style-type: none"> a) to promote, maintain, and assure the health of all citizens in the state; b) to provide accessible health services, health manpower, health facilities, and other resources; c) to control excessive increases in costs; d) to apply specific quality criteria and population health indicators; and e) to recognize prevention as a high priority in health programs, is essential to the health, safety, and welfare of the people of the state. <p>Both consumers and providers throughout the state should be involved in this health planning process. The outcome of this health planning process should be clearly articulated and available for public review and utilization.</p> | <p>1. What additional components are needed to round out the health planning process, in addition to:</p> <ul style="list-style-type: none"> (1) designation of a state owner of health care policy and planning (2) accountability for maintaining a relevant planning process (3) focus on quality, in addition to access and cost containment (4) <p>The TAC proposal reaffirmed the need for health planning which is already codified in RCW 70.38.015, section 1.</p> |
| <p>(2) That the development of health services and resources, including the construction, modernization, and conversion of health facilities, should be accomplished in a planned, orderly fashion, consistent with identified priorities and without unnecessary duplication or fragmentation.</p> <p>The certificate of need program is a health planning regulatory component:</p> | <p>2. Should the following revised purpose proposed by the TAC be affirmed as an amendment to the existing health planning portion of the statutes?</p> <p>The certificate of need program is a health planning regulatory component:</p> |

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| <p>a) Contributing to state health plan and public policy goals that are:</p> <ul style="list-style-type: none"> i) clearly articulated, and ii) regularly updated. <p>b) Balancing considerations of:</p> <ul style="list-style-type: none"> i) Access to quality care at a reasonable cost for all residents, ii) The optimal use of existing healthcare resources and the fostering of cost containment through the use of specified health care facilities and services which demonstrate cost effectiveness at the most appropriate level of care, and iii) Unnecessary duplication of health care facilities and services. <p>c) Supporting improved health care outcomes by:</p> <ul style="list-style-type: none"> i) utilizing industry data and criteria in its evaluation process, and ii) ongoing monitoring, evaluation and compliance. <p>d) Accountable for maintaining the resources necessary for quality, timely, and consistent decisions.</p> | <p>a) Contributing to state health plan and public policy goals that are:</p> <ul style="list-style-type: none"> i. clearly articulated, and ii. regularly updated. <p>b) Balancing considerations of:</p> <ul style="list-style-type: none"> iii. Access to quality care at a reasonable cost for all residents, iv. The optimal use of existing healthcare resources and the fostering of cost containment through the use of specified health care facilities and services which demonstrate cost effectiveness at the most appropriate level of care, and v. Unnecessary duplication of health care facilities and services. <p>c) Supporting improved health care outcomes by:</p> <ul style="list-style-type: none"> vi. utilizing industry data and criteria in its evaluation process, and vii. ongoing monitoring, evaluation and compliance. <p>d) Accountable for maintaining the resources necessary for quality, timely, and consistent decisions.</p> <p>This would be recommended as a revision to RCW 70.38.015, section 2, which had previously codified health planning.</p> |
| <p>(3) That the development and ongoing maintenance of adequate health care information, statistics and projections of need for health facilities and services is essential to effective health planning and resources development. At minimum, the data system should support the review and monitoring of the specified health care facilities and services impacted by the certificate of need program.</p> | <p>3. What additional components are needed for the development and use of a health data system, in addition to:</p> <ul style="list-style-type: none"> (1) immediate establishment (2) consistent and responsive parameters (3) cover the CON-specified health care facilities and services (4) <p>The TAC proposal reaffirmed the need for health planning data which is already codified in RCW 70.38.015, section 3.</p> |
| <p>(4) That the development of nonregulatory approaches to health care cost containment should be considered, including the</p> | <p>4. What additional planning and promotional approaches should be added to the following existing efforts:</p> |

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| strengthening of price competition; and | <ol style="list-style-type: none"> (1) Purchaser's management (2) LeapFrog reporting (3) Self-insurance benefits (4) Pay for performance (5) Evidence-based coverage (6) Preventive health guidelines (7) <p>The directive to develop non-regulatory approaches to health care cost containment, including the strengthening of price competition, is codified in RCW 70.38.015, section 4.</p> |
| (5) That health planning should be concerned with the stability of public health and health care financing, access, and quality, including the availability of services from stable, high-quality providers for all residents. The sentinel role of recognizing their close interrelationship and emphasizing cost control of health services, including cost-effectiveness and cost-benefit analysis should be emphasized. | <p>5. What components are needed to address public health and health care financing, access and quality:</p> <ol style="list-style-type: none"> (1) (2) (3) <p>The directive to be concerned about these factors, recognizing their close relationship and emphasizing cost control of health services, including cost-effectiveness and cost-benefit analysis, is already codified in RCW 70.38.015, section 5.</p> |
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| <p><u>Current:</u></p> <p>WAC 246-310-001 Purpose of certificate of need program.</p> | |
| The purpose of the certificate of need program has been established by the legislature in RCW <u>70.38.015</u> . | |
| <u>Potential Revision:</u> | |

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| WAC 246-310-001 Purpose of certificate of need program. | |
| <p><u>Preamble:</u> Given that:</p> <ul style="list-style-type: none">• Health care costs are rising at rates substantially above the annual national rate of inflation;• Complexity and variation in the health care delivery system prevent market forces alone from controlling health care costs;• The current structure of the health care delivery system distances the financial burden from the recipients;• Increasing numbers of citizens are unable to pay for necessary health care, being uninsured, underinsured or not eligible for publicly funded programs such as Medicaid and Medicare;• Published research supports the existence of a relationship between quality of health care outcomes and volume for the practitioner and providers of selected services; and• Geography, traffic, and population concentrations create barriers to access. <p>The certificate of need program, as a regulatory component of the state health planning process, has been established by the legislature in RCW 70.38.015.</p> | |
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